

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		12	11/17
FORMALITY REVIEW		913	11
RESPONSE FORMALITY REVIEW	lt	907	4-18-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	0
13	0
14	✓
15	✓
16	✓
17	✓
18	✓
19	0
20	6
21	✓
22	✓
23	✓
24	✓
25	0
26	0
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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